## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No. 1003 Registration District No. 9793

**363-038166** 

State of Barrielland Coccupations (first regarded and property)   State of Barrielland (State of Barrielland Coccupations)   State of Barrielland (State Barrielland Coccupations)   State Barrielland (State Barrielland Coccupations)	DO NOT WRITE ON THIS STUB			] -	Registration District No				
S 300 Rev. 4/59 Be COUNTY   STATE No.   D. COUNTY   Sadelinson   D. COUNTY   State United Control   D. COUNTY   State United County   D. C					-  Ē		Residence before		
Control of Part   Control of work does   Control of work does   Control of working   Contro	I .	<u>e</u>				a. STATE MO. b. COUNTY	admission)		
Control of Part   Control of work does   Control of work does   Control of working   Contro	Kev. 4/59	2	6		]	QR I I OR	Inside Limits		
Control of Part   Control of work does   Control of work does   Control of working   Contro	, 1	WE.	7			TOWN St. Louis St. Louis	Yes 🖳 No 🗅		
STATE   STAT		ւ ևու	1 1		1	c. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  Inside Limits  d. STREET  (If cytside, give location)  ADDRESS	Reside on Farm		
3. SAME OF GECASED FITT Models Lat 1 DATE Models Day Year (Type or pire)  1. S. SEX COOR OR RACE Negro	2 2/1	塘	7		-	INSTITUTION 3752 Cook Yes No D 3752 Cook	Yes No Z		
S. SEX A COLOR OR RACE    Nogro		2	$\top \uparrow$		1	(Type or print)			
Male Negro  Negr	4 7	'			1_	Sonn Bitler Williams Cept 25			
10. USUAL OCCUPATION (Give kind of work done In Skind of Work done		'			1				
Address MANDEN NAME    Same	<u>5 /.</u>	1			] -	12/24/600 /0	I.		
13a. FATHER'S NAME   13b. MOTHER'S MADE   14c. NAME OF HUSSAND OR WIFE   15c. MAS DECEASED EVER IN U.S. ARRED FORCES?   16c. SOCIAL SECURITY NO. 17. INFORMANT   Address   15c. MAS DECEASED EVER IN U.S. ARRED FORCES?   16c. SOCIAL SECURITY NO. 17. INFORMANT   Address   15c. MAS DECEASED EVER IN U.S. ARRED FORCES?   16c. SOCIAL SECURITY NO. 17. INFORMANT   Address   Mrs. Artelia L. Gordon 3754. Cook Avenue   17. INFORMANT   Address   Mrs. Artelia L. Gordon 3754. Cook Avenue   Mrs. Artelia L. G	6	8			1	-during most of working life, even if retired)	A COUNTRY		
15. WAS DECEASED EVER IN U.S. ARRED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT Address  WE'RE ARTEDIA L. GORDON 375/. Cook Avenue  18. CAUSE OF DEATH (erre only one cause per line)  19. WAS DECEASED EVER IN U.S. ARRED FORCES?  10. OD ONE OF PART I. DEATH (erre only one cause per line)  11. CAUSE OF DEATH (erre only one cause per line)  12. MANUEL ACUSE (s)  13. WAS DECEASED EVER IN U.S. ARRED FORCES?  14. DO ONE OF PART II. DEATH WAS CAUSED BY:  14. DO ONE OF PART II. DEATH COUNTY OF COMMENT OF PART III. DEATH OF PAR	<del></del>	δ			-		<u> </u>		
15. WAS DECEASED EVER IN U.S. ARRED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT Address  WE'RE ARTEDIA L. GORDON 375/. Cook Avenue  18. CAUSE OF DEATH (erre only one cause per line)  19. WAS DECEASED EVER IN U.S. ARRED FORCES?  10. OD ONE OF PART I. DEATH (erre only one cause per line)  11. CAUSE OF DEATH (erre only one cause per line)  12. MANUEL ACUSE (s)  13. WAS DECEASED EVER IN U.S. ARRED FORCES?  14. DO ONE OF PART II. DEATH WAS CAUSED BY:  14. DO ONE OF PART II. DEATH COUNTY OF COMMENT OF PART III. DEATH OF PAR		히			i	2000	s		
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Which gave rise to above cause (a), stating the understance condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease dwest female was famele was f		¥	{		2 1 -	18. CAUSE OF DEATH (Enter only one cause per line	NTERVAL BETWEEN		
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Which gave rise to above cause (a), stating the understance of the part of the state of the stat	11 8	ξ <sub>α</sub>	7		{	10:0002	( ) =-		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    19. WAS AUTOPSY   20a. ACCIDENT   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of Item 18.)	12000	#   <u>₹</u>	77	2	ร	which gave rise to			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was femile we there a prepanancy in last 90 days of last 90 days		SE IS	13	'	1	above cause (a), stating the under-			
Yet   20 No   Unknown   19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   20c. TIME OF   Hour   NURY   20c. TIME OF   NURY   NURY   20c. TIME OF   NURY   20c. T	۱۰ ۱۰	-  -	$\prod$	$\top$	Į	lying cause (ast. ) DUE TO (c)			
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The state of the s	Z .	ME	3	;	3	20c. TIME OF Hour Month, Day, Year INJURY a.m.			
Death occurred at	¥ Ø	*	3	'	7	p.m. COUNTY	STATE		
Death occurred at		'	18	-	7	WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)			
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23a. BURING. CREMATION, 23j. DATE 23a. LOCATION (City, town, or county)  St. Louis County, Mo. 23j. DATE 23a. BURING. CREMATION, 23j. DATE 23b. BURING. CREMATION, 23j. DATE 23c. BURING. CREMATION, 23j. DATE 23c	_ ×	`   <u>-</u>	4		46	Death occurred at	,		
23a. BURING. CREMATION, 23j. DATE 23a. LOCATION (City, town, or county)  St. Louis County, Mo. 23j. DATE 23a. BURING. CREMATION, 23j. DATE 23b. BURING. CREMATION, 23j. DATE 23c. BURING. CREMATION, 23j. DATE 23c	US	<u> </u>	12						
23a. BURRAY CREMATION, PRINCY AL (Specify) Removal 10-5-63 Greenwood Cemetery St. Louis County, Mo.  23a. BURRAY CREMATION, 23d DATE  23c. County, Mo.  25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE  25c. DATE RECD. BY LOCAL REG. BY LOCAL REG	_	F	1		<b>5</b>	The second secon	, <u>, , , , , , , , , , , , , , , , , , </u>		
E GB. Koonce 1221 N. Grand Blvd. OCT 1 1963 Coan Smith. M.D.		<u> </u>	+	772	ِ ڏ	REMOVAL (Specify)	<b>.</b> ,		
E GB. Koonce 1221 N. Grand Blvd. OCT 1 1963 Coan Smith. M.D.		Ž	36		Ę   _	Removal 10-5-63 Greenwood Cemetery St. Louis County,			
		TEM	14	1 1.		27 FUNERAL DIRECTOR	MB		
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed larence Looms
Signature of Student Embalmer	
	Licensed Embalmer No. 4755
	P. O. Address 122/ Israna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.